

Innsworth Preschool Toileting Policy

Last Updated: 1st January 2026

1. Purpose and Scope

1.1 Overview: This policy outlines Innsworth Preschool's approach to supporting children with toileting.

1.2 Objective: Its purpose is to clarify shared responsibilities between parents and the preschool and to ensure that all toileting support, including developmental toilet training and intimate care, is provided in a manner that is safe, dignified, hygienic, and inclusive.

2. Legal and Statutory Framework

2.1 Compliance: This policy is a core component of our duty of care and is underpinned by our statutory duties:

- The Statutory Framework for the Early Years Foundation Stage (EYFS): Specifically safeguarding and welfare requirements regarding intimate care, health, ratios, and supervision.
- The Children Act 1989 and 2004.
- The Equality Act 2010 and the SEND Code of Practice.
- The Health and Safety at Work etc. Act 1974 and The Management of Health and Safety at Work Regulations 1999 (risk assessment).
- Control of Substances Hazardous to Health (COSHH): Regarding cleaning products and body fluids.
- Working Together to Safeguard Children.
- UK Health Security Agency (UKHSA) Guidance: Applied operationally via our Infection Control Policy.

3. Our Principles

3.1 Approach:

- **Child-Led Development:** Readiness is led by the child's pace and development, not solely by age.
- **Positive and Dignified Approach:** Children will never be shamed or punished for accidents. We explain actions to the child in age-appropriate language and encourage independence.
- **Partnership with Parents:** Success depends on a consistent partnership between home and the preschool.
- **Safety and Hygiene:** Routines ensure the highest standards of infection control and safeguarding.

4. Procedures and Responsibilities

4.1 The Parent-Preschool Partnership: While toilet training often begins at home, we adopt a collaborative approach.

- **Readiness:** Staff will proactively recommend readiness based on their observations of a child's developmental signs.

- **Operational Authority:** We work in partnership, but the setting's operational decision on what can be delivered safely in a group environment (regarding ratios, hygiene, and supervision) applies for sessions.

4.2 Safeguarding Controls in Practice: To ensure the safety of both children and staff, we implement the following core controls:

- **Visibility and Awareness:** Staff must verbally notify a colleague before entering the changing/toilet area and upon exit. The colleague confirms awareness.
- **Staff Protection:** We follow safer working practice. Staff must not undertake intimate care in circumstances that create avoidable one-to-one isolation.
- **Isolation:** Staff should ensure they are not completely isolated with a child behind a locked door. The door must remain unlocked, and staff should position themselves to preserve dignity (e.g. using a screen/angle) while enabling safeguarding awareness (e.g. remaining within sight/sound of colleagues).
- **Intimate Care Log:** Every instance of personal care (changing soiled clothing/nappies) is recorded. Entries include: time, staff member, second staff aware (name/initials), child's response/distress level, and unusual observations (marks, rashes). A Body Map is completed where relevant.
- **Parent Notification:**
 - **Immediate Contact:** Required for injury, unusual marks, suspected UTI symptoms, blood, or safeguarding concerns.
 - **End-of-Session Update:** Provided for minor redness or standard nappy rash. All communications are recorded.

4.3 Attendance Expectations:

- **Parent Supply Duty:** Parents must provide sufficient daily supplies: correct size/fit nappies or pull-ups, wipes, nappy sacks, and labelled spare clothes (easy-change, elastic waist).
- **Underwear Readiness:** Underwear is appropriate only when readiness indicators are met.
- **Accidents:** If accidents exceed what can be managed safely within ratios (e.g. persistent soiling requiring constant 1:1 care), we may call the parent to collect, agree a temporary reduction plan, or hold a review meeting.

4.4 Supporting Children with SEND: We are committed to making **reasonable adjustments** for children with disabilities.

- **Support Plans:** A full **Individual Healthcare Plan (IHCP)** is required for long-term medical needs. A **Short-Term Toileting Support Plan** (defining triggers, duration, prompts, supplies, hygiene adaptations, review date, responsible staff, and parental consent) is used for temporary regressions or illnesses.
- **Operational Limits:** An adjustment is not considered 'reasonable' if it creates a documented risk to the safety of others or requires a staffing ratio we cannot safely sustain. If needs cannot be met safely within reasonable adjustments and available staffing/space, we will convene a multi-agency review and consider all options, which may include alternative provision (managed via the **Suspension and Termination of Place Policy**).

4.5 Infection Control:

- **PPE:** Staff wear disposable gloves and aprons for all soiled clothing changes. PPE is provided as a setting cost.
- **Handwashing:** Staff and children must wash hands after every incident. Soap and water is the standard. Where a child cannot tolerate handwashing due to SEND, we apply an agreed interim method (e.g. wipes) documented in the Support Plan, with a plan to build tolerance.
- **Soiled Clothing:** Soiled items are bagged in sealed bag(s), stored in a designated area away from food, and returned at collection. Parents are responsible for laundering; staff do not rinse or handwash soiled items onsite.

4.6 Parental Responsibility:

- **Spares:** It is a requirement that parents provide a full supply of labelled spare clothing daily.
- **Immediate Remedy:** If no suitable spare clothes are available and the child is soiled/wet, the parent will be required to collect or bring clothing promptly to maintain dignity and hygiene.
- **Emergency Spares:** If the preschool provides emergency spares, these must be laundered and returned within 48 hours. Failure to return items may result in a charge reflecting the reasonable replacement cost.

5. Enhancements

5.1 Care Consumables Service: Many parents find it convenient to use our **Care Consumables Service** (wipes/nappies).

- **Optional:** This service is entirely optional. Parents opting out must provide sufficient supplies daily. Failure to do so may require immediate parent remedy/collection to maintain hygiene and dignity. Please refer to our **Consumables and Services Policy**.

6. Safeguarding Escalation

6.1 Triggers: Toileting concerns will be escalated to the Designated Safeguarding Lead (DSL) if staff observe:

- Persistent accidents significantly beyond developmental expectations.
- Signs of significant distress, fear, or avoidance during care routines.
- Physical indicators (marks, rashes, injuries) requiring review.
- Medical red flags (possible UTI/constipation symptoms).
- Potential neglect indicators (repeated lack of supplies, recurrent severe rash, repeated soiled attendance without engagement).

7. Monitoring and Review

7.1 Ratios: Toileting support is delivered without compromising supervision/ratios. If providing 1:1 toileting would reduce supervision below safe levels, staff will consolidate children/seek cover or call for management support.

7.2 Records: Intimate care/toileting logs are retained in line with our **Records Retention Schedule**, and longer where they form part of a safeguarding chronology.

7.3 Training: All staff receive intimate care, infection control, and safer working practice training during induction (including Body Map recording), with annual refreshers. Competency is observed and signed off.

7.4 Review: This policy is reviewed annually to ensure it remains effective and compliant.

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